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CONFIRMATION NO. 2229

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/602,205	<b>FILING OR 371(c) DATE</b> 06/24/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 1354
<b>APPLICANTS</b> Mohammed Ali Hajianpour, Coral Springs, FL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/956,314 09/19/2001 PAT 6,585,736				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/08/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 19
Verified and Acknowledged Examiner's Signature Initials				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 28173				
<b>TITLE</b> DEVICE FOR EXTERNAL FIXATION OF BONE FRACTURES WITH CLAMPING OF MULTIPLE PINS AND WITH A FIXTURE FOR APPLYING EXTENSION TO BONE FRAGMENTS				
<b>FILING FEE RECEIVED</b> 1250	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	